## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
MeToo Ohio	C C00686865
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D D / Y T Y T Y
Full Name of Payee Date of	f Public Distribution/Dissemination
Majority Strategies LLC	10 22 2018
Mailing Address 12854 Kenan Dr. Ste. 145	t
City State Zip Code	75000.00
Jacksonville FL 32258 <b>Transa</b>	ction ID : SE.4129  f Disbursement or Obligation
Purpose of Expenditure	*M / D *D / Y *Y *Y *Y
Name of Federal Candidate Support Office Sought:	House District: 00
BROWN, SHERROD, , ,    Suppose Staging Suppose Presiden	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2018  Oth	For: Primary <b>X</b> General ner (specify) ▶
	f Public Distribution/Dissemination
Mailing Address	M / D D / Y Y Y Y
Amount	t
City State Zip Code	
Purpose of Expenditure	f Disbursement or Obligation
Category/ Type	/ D D / Y Y Y Y
Name of Federal Candidate  Support  Office Sought:	: House District:
Oppose Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought Oth	For: Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	75000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisker, Lisa, , ,  [Electronically Filed] Date 10	23 / 2018
Signature	